

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE
VETERINARY INTERN

DOPL-AP-020 REV 04/23/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Please note that the address of record is public information and is available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. Submit an official transcript including your date of graduation from a veterinary college which held current accreditation by the Council on Education of the American Veterinary Medical Association (AVMA) at the time of your graduation.

If you graduated from a foreign veterinary school, submit a Certificate of Competency issued by the AVMA Educational Commission for Foreign Veterinary Graduates.

2. Using the "Request For Verification of License" form obtain verification of licensure from every state in which you have ever been licensed as a veterinarian or veterinary intern.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to the

Division, or have them returned to you for submission with your application.

3. Submit the \$25.00 non-refundable application processing fee.

Additional Important Information:

1. **Law and Rules Exams:** Applicants for licensure must pass the Utah Veterinary Law and Rules Examination and all applicants for a Controlled Substance License must pass the Controlled Substances Law Examination. You may sit for these examinations before you have completed your internship. Contact Experior at the address and telephone number below to register for the law examinations.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams.

In addition, the following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us/dopl/dopl1.htm>

- ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing
 - ☐ Veterinary Practice Act
 - ☐ Veterinary Practice Act Rules
 - ☐ Utah Controlled Substances Act
 - ☐ Utah Controlled Substances Act Rules
2. **Internship:** A veterinary intern license is valid for 12 months. Each applicant for licensure as a veterinarian must
 - ☐ complete an approved internship which includes a minimum of 1000 hours of supervised veterinary practice to be earned in not less than six consecutive months and not more than 12 consecutive months
 - ☐ or have completed an equivalent veterinary investigational, educational, or sanitary control work
 - ☐ or practice as a licensed veterinarian in another state for at least 6 months
 - ☐ or practice as a veterinarian while employed by the United States government, its agencies, or the state or its political subdivisions for at least 6 months.
 3. **Change of Supervising Veterinarian:** You must submit a new "Internship Supervision Request" form to the Division for any change of supervising veterinarian.
 4. **Completion of Internship:** You must submit the "Completion of Internship" form documenting that you have successfully completed your internship to the division when you apply for licensure as a veterinarian.

5. **Foreign Graduate:** If you are a graduate of a foreign veterinary school, you must meet with the Veterinary Board before you will be issued a veterinary intern license. Please contact the Board Secretary at 801\530-6740 for an appointment.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6623 or
(801) 530-6633

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____ Veterinary Intern License

PROFESSIONAL EDUCATION REQUIREMENT (Use additional sheets if necessary):

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: _____

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer "Yes" or "No"

_____ National Board (NBE), Date(s) Taken: _____

_____ Clinical Competency Test (CCT), Date(s) Taken: _____

_____ Utah Veterinary Law and Rules Exam, Date(s) Taken: _____

_____ Controlled Substances Law Exam, Date(s) Taken: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held as a veterinarian or veterinary intern. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

VETERINARY INTERN QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

12. ____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. ____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
14. ____ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
15. ____ Have you been named as a defendant in a malpractice suit?
16. ____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. ____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. ____ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. ____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
20. ____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
21. ____ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
22. ____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer "yes" to question 21 or 22 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

23. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
24. _____ Have you ever been terminated from a position because of drug use or abuse?
25. _____ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

COMPLETION OF INTERNSHIP

TO BE COMPLETED BY VETERINARY INTERN:

Name of Veterinary Intern: _____

Utah Intern License Number: _____ Telephone: _____

TO BE COMPLETED BY SUPERVISING VETERINARIAN:

Name of Supervising Veterinarian _____

Utah Veterinary License Number: _____ Telephone: _____

1. Has the Intern named above completed the required six months of internship under your supervision?

_____ Yes _____ No, explain _____

2. From what dates did the Intern start and complete his/her internship?

From _____ To _____

3. Has the Intern demonstrated good moral character?

_____ Yes _____ No, explain _____

4. Has the Intern engaged in unprofessional conduct or any act prohibited by the State of Utah?

_____ Yes _____ No, explain _____

5. Has the Intern demonstrated sufficient clinical skills to practice without supervision?

_____ Yes _____ No, explain _____

6. Would you recommend this Intern for Utah Veterinary licensure?

_____ Yes _____ No, explain _____

Signature of Supervising Veterinarian: _____

Date: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741

INTERNSHIP SUPERVISION REQUEST

Name of Veterinary Intern: _____

Address: _____

Soc. Sec. No.: _____ Telephone: _____

Name of Supervising Veterinarian: _____

Address: _____

Utah Veterinary License Number: _____ Telephone: _____

I hereby certify that I am a licensed veterinarian in the state of Utah and that I will supervise the internship practice of the above named veterinary intern. I understand that I must be available for immediate voice contact by telephone or radio and must provide daily face-to-face consultation and review of cases at the veterinary facility for the veterinary intern I am supervising. I certify that the intern named above will be under my supervision while practicing as a veterinary intern and will be in compliance with all Utah laws and rules.

Signature of Supervising Veterinarian: _____

Date: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the State of Utah as a _____

I am/have been licensed in your State under the name _____

My Social Security Number is _____

My Date of Birth is _____

My license number in your State is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please elaborate _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement, From What State: _____

Examination Scores: _____

Education Required For Licensure:

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)